

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G04759** (8)

1. Corporation Name

**PIZZA U.S.A. MANAGEMENT, INC.**



Principal Place of Business

**2201 WEST SAMPLE ROAD  
BUILDING 9 SUITE 1B  
POMPANO BEACH FL 33073  
US**

Mailing Address

**2201 WEST SAMPLE ROAD  
BUILDING 9 SUITE 1B  
POMPANO BEACH FL 33073  
US**

2. Principal Place of Business

2a. Mailing Address

21 **1761 W. Hillsboro Blvd.**

26 **1761 W. Hillsboro Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 401**

27 **Suite 401**

City & State

City & State

23 **Deerfield Beach FL**

28 **Deerfield Beach, FL**

Zip

Zip

Country

Country

24 **33442**

29 **33442**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/18/1982**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2227261**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**WHALEN, NANCY  
2201 WEST SAMPLE ROAD  
BUILDING 9 SUITE 1B  
POMPANO BEACH FL 33073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1761 W. Hillsboro Blvd.**

83

**Suite 401**

84 City

**Deerfield Beach**

**FL**

85 Zip Code

**33442**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and, if applicable,

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CASTELLANO, M.MARK, II**  
STREET ADDRESS **2201 W. SAMPLE RD. BLDG. 9 #1A**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE

NAME **CASTELLANO, JOHN**  
STREET ADDRESS **2201 W. SANOKE RD, BKG. 9 #1A**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **P** ☐ DELETE

NAME **NEVIN, RAYMOND**  
STREET ADDRESS **2201 W. SAMPLE RD. BLDG. 9 #1B**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **ST** ☐ DELETE

NAME **WHALEN, NANCY**  
STREET ADDRESS **2201 W. SAMPLE RD. BLDG. 9 #1B**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11.1 TITLE  
12 NAME  
13 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
14 CITY-ST-ZIP **Deerfield Beach, FL 33442**

☒ Change ☐ Addition

21.1 TITLE  
22 NAME  
23 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
24 CITY-ST-ZIP **Deerfield Beach, FL 33442**

☒ Change ☐ Addition

31.1 TITLE  
32 NAME  
33 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
34 CITY-ST-ZIP **Deerfield Beach, FL 33442**

☒ Change ☐ Addition

41.1 TITLE  
42 NAME  
43 STREET ADDRESS **1761 W. Hillsboro Blvd. #401**  
44 CITY-ST-ZIP **Deerfield Beach FL 33442**

☐ Change ☐ Addition

51.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Nancy L. Whalen Sec.*

Nancy L. Whalen

4/19/96

954-428-5660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)